ST. ELIZABETH'S NURSING HOME

502 ST. LAWRENCE

JANESVILLE 53545 Phone: (608) 752-6709 Ownership: Non-Profit Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/02): 43 Title 18 (Medicare) Certified? Yes

Number of Beds Set Up and Staffed (12/31/02): 43 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/02): 43 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/02: 43 Average Daily Census: 42

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02) %					
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	30.2
Supp. Home Care-Personal Care	No					1 - 4 Years	46.5
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years	23.3
Day Services	No	Mental Illness (Org./Psy)	2.3	65 - 74	4.7		
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	20.9		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	69.8	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	2.3	95 & Over	4.7	Full-Time Equivalen	nt
Congregate Meals	No	Cancer	4.7			Nursing Staff per 100 Re	esidents
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/02)	
Other Meals	No	Cardiovascular	25.6	65 & Over	100.0		
Transportation	No	Cerebrovascular	14.0			RNs	14.0
Referral Service	No	Diabetes	11.6	Sex	8	LPNs	1.8
Other Services	No	Respiratory	2.3			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	37.2	Male	7.0	Aides, & Orderlies	43.8
Mentally Ill	No			Female	93.0		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		
vevelopmentally Disabled	NO ****	 ************	*****	 * * * * * * * * * * * * * * * * * * *		 :**************	*****

## Method of Reimbursement

		edicare			edicaid itle 19			Other		]	Private Pay	:		amily Care			anaged Care	! 		
Level of Care	No.	olo	Per Diem (\$)	No.	Ŷ	Per Diem (\$)	No.	%	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	Total Resi- dents	of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	4	100.0	266	26	100.0	151	0	0.0	0	10	76.9	151	0	0.0	0	0	0.0	0	40	93.0
Intermediate				0	0.0	0	0	0.0	0	3	23.1	143	0	0.0	0	0	0.0	0	3	7.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	4	100.0		26	100.0		0	0.0		13	100.0		0	0.0		0	0.0		43	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of $12/31/02$											
					0 Noodina		Total						
Percent Admissions from:		   Activities of	0.		% Needing sistance of	% Totally	Number of						
	167		Trdonondon+			2	Residents						
Private Home/No Home Health			-	One	Or Two Staff	Dependent							
Private Home/With Home Health			0.0		83.7	16.3	43						
Other Nursing Homes	38.9	3	4.7			16.3	43						
Acute Care Hospitals	5.6	Transferring	25.6		55.8	18.6	43						
Psych. HospMR/DD Facilities	0.0	Toilet Use	11.6		62.8	25.6	43						
Rehabilitation Hospitals	0.0	Eating	25.6		53.5	20.9	43						
Other Locations	22.2	* * * * * * * * * * * * * * * * * * *	*****	*****	*****	******	******						
Total Number of Admissions	18	Continence		%	Special Treatm	nents	%						
Percent Discharges To:		Indwelling Or Externa	al Catheter	4.7	Receiving Re	spiratory Care	7.0						
Private Home/No Home Health	5.6	Occ/Freq. Incontinent	t of Bladder	65.1	Receiving Tr	acheostomy Care	0.0						
Private Home/With Home Health	11.1	Occ/Freq. Incontinent	t of Bowel	32.6	Receiving Su	ctioning	2.3						
Other Nursing Homes	0.0				Receiving Os	tomy Care	11.6						
Acute Care Hospitals	0.0	Mobility			Receiving Tu	be Feeding	9.3						
Psych. HospMR/DD Facilities	0.0	Physically Restrained	d	0.0	Receiving Me	chanically Altered Diets	34.9						
Rehabilitation Hospitals	0.0												
Other Locations	5.6	Skin Care			Other Resident	Characteristics							
Deaths	77.8	With Pressure Sores		2.3	Have Advance	Directives	90.7						
Total Number of Discharges		With Rashes		9.3	Medications								
(Including Deaths)	18				Receiving Ps	ychoactive Drugs	55.8						

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	90	90	Ratio	%	Ratio	%	Ratio	90	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	97.7	87.5	1.12	84.3	1.16	85.3	1.14	85.1	1.15	
Current Residents from In-County	88.4	79.3	1.11	74.1	1.19	81.5	1.08	76.6	1.15	
Admissions from In-County, Still Residing	66.7	21.8	3.06	26.0	2.56	20.4	3.27	20.3	3.28	
Admissions/Average Daily Census	42.9	124.6	0.34	97.7	0.44	146.1	0.29	133.4	0.32	
Discharges/Average Daily Census	42.9	129.0	0.33	97.5	0.44	147.5	0.29	135.3	0.32	
Discharges To Private Residence/Average Daily Census	7.1	50.5	0.14	33.1	0.22	63.3	0.11	56.6	0.13	
Residents Receiving Skilled Care	93.0	94.7	0.98	94.6	0.98	92.4	1.01	86.3	1.08	
Residents Aged 65 and Older	100	96.2	1.04	98.3	1.02	92.0	1.09	87.7	1.14	
Title 19 (Medicaid) Funded Residents	60.5	56.7	1.07	57.5	1.05	63.6	0.95	67.5	0.90	
Private Pay Funded Residents	30.2	32.8	0.92	36.6	0.83	24.0	1.26	21.0	1.44	
Developmentally Disabled Residents	0.0	0.5	0.00	0.8	0.00	1.2	0.00	7.1	0.00	
Mentally Ill Residents	2.3	35.5	0.07	34.4	0.07	36.2	0.06	33.3	0.07	
General Medical Service Residents	37.2	23.8	1.57	17.7	2.10	22.5	1.65	20.5	1.82	
Impaired ADL (Mean)	53.5	50.4	1.06	49.4	1.08	49.3	1.09	49.3	1.09	
Psychological Problems	55.8	54.7	1.02	50.4	1.11	54.7	1.02	54.0	1.03	
Nursing Care Required (Mean)	9.6	6.9	1.39	7.2	1.33	6.7	1.42	7.2	1.33	